

COMPLAINT - FOLLOW UP INFORMATIONAL
PD 313-081A (Rev. 4-89)-31

CRIME: HOMICIDE #2
PAGE: 043 OF 2412
Date of Orig. Report: 2/12
Date Assigned: 2/12
Case No: 624
Unit Reporting: 43 PDS
Complainant's Name - Last, First, MI: PSNY FOR ACOSTA, ALBERT
Victim's Name - If Different: [Blank]
Last Name, First, MI: [Blank]
Home Telephone: [Blank]
Business Telephone: [Blank]
Address, include City, State, Zip: [Blank]
Position / Relationship: [Blank]
Sex: [Blank] Race: [Blank] Date of Birth: [Blank] Age: [Blank]
Total No. of Perpetrators: [Blank]
Wanted: [Blank] Arrested: [Blank] Weapon: [Blank]
Describe Weapon (If firearm, give color, make, calibre, type, model, etc.): [Blank]
Wanted: [Blank] Arrested: [Blank] Last Name, First, MI: [Blank]
Sex: [Blank] Race: [Blank] Date of Birth: [Blank] Age: [Blank] Height: [Blank] Weight: [Blank] Eye Color: [Blank] Hair Color: [Blank] Hair Length: [Blank] Facial Hair: [Blank] NYSID No.: [Blank]
Eyeglasses: [Blank] Sunglasses: [Blank] Clothing Description: [Blank]
Scars, Marks, M.O., Etc. (Continue in "Details") [Blank]
Wanted: [Blank] Arrested: [Blank] Last Name, First, MI: [Blank]
Sex: [Blank] Race: [Blank] Date of Birth: [Blank] Age: [Blank] Height: [Blank] Weight: [Blank] Eye Color: [Blank] Hair Color: [Blank] Hair Length: [Blank] Facial Hair: [Blank] NYSID No.: [Blank]
Eyeglasses: [Blank] Sunglasses: [Blank] Clothing Description: [Blank]
Scars, Marks, M.O., Etc. (Continue in "Details") [Blank]
AREA WITHIN BOX FOR DETECTIVE / LATENT FINGERPRINT OFFICER ONLY. THIS BOX WILL BE UTILIZED BY INVESTIGATOR WHENEVER POSSIBLE AND MUST BE FULLY COMPLETED WHEN USING THIS FORM TO CLOSE A CASE "NO RESULTS."
Comp. Interviewed: [Blank] In Person: [Blank] By Phone: [Blank] Date: [Blank] Time: [Blank] Results: Same as Comp. Report - Different (Explain in Details) [Blank]
Witness Interviewed: [Blank] In Person: [Blank] By Phone: [Blank] Date: [Blank] Time: [Blank] Results: Same as Comp. Report - Different (Explain in Details) [Blank]
Canvass Conducted: [Blank] If Yes - Make Entry in Body Re Time, Date, Names, Addresses, Results: [Blank] Crime Scene Visited: [Blank] If Yes - Make Entry in Details Re Time, Date, Evidence Obtained: [Blank]
Complainant Viewed Photos: [Blank] Results: [Blank]
Witness Viewed Photos: [Blank] Results: [Blank]
Crime Scene Dusted: [Blank] By (Enter Results in Details): [Blank] Crime Scene Photos: [Blank] By (Enter Results in Details): [Blank]
If Closing Case "No Results," Check Appropriate Box and State Justification in Details:
C-1 Improper Referral [Blank] C-2 Inaccurate Facts [Blank] C-3 No Evidence / Can't ID [Blank] C-4 Uncooperative Complainant [Blank] C-5 "Leads" Exhausted [Blank]
DETAILS:
Investigate: HOMICIDE
Subject: RE-INTERVIEWED SAL MIRO
1. On February 27, 2001, at approx. 1855 hrs., Det Deleo (BXHTF) and the u/s visited Sal Miro at 1610 Metropolitan Ave apt MB. He stated Manganiello told him approx. 1 year ago that he has a .22 gun and carries it sometimes on him. He also stated the owner of Pizza Place on Metropolitan Ave told him Manganiello asked him for a .22 gun.
2. Case active.

DEFENDANT'S EXHIBIT
I-3

CASE
☐ ACTIVE ☐ CLOSED
DATE REVIEWED / CLOSED: [Blank]
IF ACTIVE, DATE OF NEXT REVIEW: [Blank]
REPORTING OFFICER: [Blank] RANK: Det
SIGNATURE: [Signature]
NAME PRINTED: [Blank]
TAX REG. NO: [Blank]
COMMAND: [Blank]
REVIEWING / CLOSING: [Blank]